

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

Roger Proksch

Title Noncontact Sensitivity and Compliance  
Calibration Method for Cantilever-Based

Express Mail Label No. ET103595955US Instruments

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 14]
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [ Total Sheets 8 ]
5. Oath or Declaration [ Total Pages ]
- a.  Newly executed (original or copy)
- b.  Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
- i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO: Assistant Commissioner for Patents

Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement (when there is an assignee)  Power of Attorney
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15.  Certified Copy of Priority Document(s) (if foreign priority is claimed)
16.  Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Provisional Application

 Continuation  Divisional  Continuation-in-part (CIP)

of prior application No.: 60, 272,697

Prior application Information:

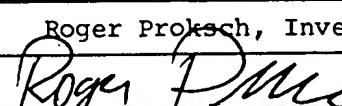
Examiner: \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(If Customer Number is used, do not use Bar Code Label)			<input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below
Name	Roger Proksch			
Address	c/o Asylum Research Corporation			
	601 Pine Avenue, Suite C			
City	Santa Barbara	State	California	Zip Code
Country	USA	Telephone	805.692.2800	Fax

Name (Print/Type)	Roger Proksch, Inventor	Registration No. (Attorney/Agent)	
Signature			Date 2/28/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

## EXHIBIT E

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 370.00)

## Complete if Known

Application Number	
Filing Date	2/28/01
First Named Inventor	Roger Proksch
Examiner Name	
Group Art Unit	
Attorney Docket No.	

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description
101	740	201	370 Utility filing fee
106	330	206	165 Design filing fee
107	510	207	255 Plant filing fee
108	740	208	370 Reissue filing fee
114	160	214	80 Provisional filing fee

Fee Paid

\$370

SUBTOTAL (1) (\$ 370.00)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
1	-20** = 0	x 0	0
1	-3** = 0	x 0	0
Multiple Dependent			

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description
103	18	203	9 Claims in excess of 20
102	84	202	42 Independent claims in excess of 3
104	280	204	140 Multiple dependent claim, if not paid
109	84	209	42 ** Reissue independent claims over original patent
110	18	210	9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ -0-)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Code (\$)	Small Entity Code (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	
139	130	139	130 Non-English specification	
147	2,520	147	2,520 For filing a request for ex parte reexamination	
112	920*	112	920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	
115	110	215	55 Extension for reply within first month	
118	400	216	200 Extension for reply within second month	
117	920	217	480 Extension for reply within third month	
118	1,440	218	720 Extension for reply within fourth month	
128	1,960	228	980 Extension for reply within fifth month	
119	320	219	160 Notice of Appeal	
120	320	220	160 Filing a brief in support of an appeal	
121	280	221	140 Request for oral hearing	
138	1,510	138	1,510 Petition to institute a public use proceeding	
140	110	240	55 Petition to revive - unavoidable	
141	1,280	241	640 Petition to revive - unintentional	
142	1,280	242	640 Utility issue fee (or reissue)	
143	460	243	230 Design issue fee	
144	620	244	310 Plant issue fee	
122	130	122	130 Petitions to the Commissioner	
123	50	123	50 Processing fee under 37 CFR 1.17(q)	
126	180	128	180 Submission of Information Disclosure Stmt	
581	40	581	40 Recording each patent assignment per property (times number of properties)	
146	740	246	370 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370 Request for Continued Examination (RCE)	
169	900	169	900 Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ -0-)

Complete if applicable

SUBMITTED BY			
Name (Print/Type)	Roger Proksch	Registration No. (Attorney/Agent)	Telephone 805.692.2800
Signature	Roger Proksch		
Date	2/28/02		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## EXHIBIT A



## POST OFFICE TO ADDRESSEE



## ORIGIN (POSTAL USE ONLY)

PO ZIP Code <i>92116</i>	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In <i>6/28/02</i>	Postage <input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	\$ <i>12.45</i>
Mo. Day Year <i>16 59</i>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee <input type="checkbox"/>
Time In <i>16:59</i>	Int'l Alpha Country Code <i>021</i>	COD Fee <input type="checkbox"/>
Weight <i>.50</i>	Insurance Fee <input type="checkbox"/>	Total Postage & Fees <i>\$ 12.45</i>
No Delivery <input type="checkbox"/>	Acceptance Clock Initials <i>(CD)</i>	
Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>		

## CUSTOMER USE ONLY

## METHOD OF PAYMENT

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

FROM: PLEASE PRINT

PHONE: *805-392-2800*

TO: PLEASE PRINT

PHONE: *( )*

ROGER PROKSCH  
c/o ASYLUM RESEARCH CORPORATION  
601 PINE AVE.  
SAN BERNARDINO, CA 923117

ASSISTANT COMMISSIONER FOR PATENTS  
BOX PATENT APPLICATION  
WASHINGTON, DC

ZIP-4

<i>2</i>	<i>0</i>	<i>2</i>	<i>3</i>	<i>1</i>	<i>+</i>	<i> </i>	<i> </i>	<i> </i>
----------	----------	----------	----------	----------	----------	----------	----------	----------

*BEST AVAILABLE COPY*

Customer Copy

EXHIBIT B

GOLETA BRANCH POSTAL STORE  
SANTA BARBARA, California  
931119998  
02/28/2002 (800)275-8777 04:53:24 PM

Sales Receipt			
Product	Ext	Unit	Final Price
			\$12.45

Item	\$12.45
Total	\$12.45
Paid w/	
Cash	\$20.00
Change Due	-\$7.55

Bill#: 1000200732427  
Clerk: 07

Refunds only per DMN P014  
— Thank you for your business —  
Customer Copy

BEST AVAILABLE COPY